



Office of Inspector General

Office of Health Facility Licensure & Certification – Behavioral Health Program

Recovery Residence Initial & Renewal Application

Complete this application and return to:

Office of Health Facility Licensure & Certification
ATTN: Behavioral Health Program
408 Leon Sullivan Way
Charleston, WV 25301-1713

NOTE: This application can only be accepted if all required fields are completed, and additional requested documentation is attached. **Application must include a check or money order made out to the Office of Inspector General in the amount of \$250 for each residence.**

RECOVERY RESIDENCE INFORMATION

Operating Name of the Recovery Residence: _____

Legal Name of the Recovery Residence or Operator: _____

Federal Employer Identification Number (FEIN): _____

Physical Address: _____

Street Address

City

State

Zip Code

Mailing Address: _____

Street Address

City

State

Zip Code

Telephone Number of the Recovery Residence: _____

Is this recovery residence certified by the West Virginia Alliance for Recovery Residences?

Yes If yes, include a copy of the certification No Pending

Does this recovery residence accept minors as participants or reside with a participant that is over 18 years of age?

Yes No

Include a copy of the resident application and resident agreement for participants in this recovery residence.

RECOVERY RESIDENCE CONTACT PERSON

Full Name: _____

Business Address: _____

Street Address

City

State

Zip Code

Telephone No.: _____ Email: _____



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DISCLAIMER

By signing this application, I hereby verify that all information provided on this application is true, accurate, and complete to the best of my knowledge. I understand that any knowingly false or misleading representations may result in the revocation of this registration and others under this owner/operator's name and may be subject to further inquiry and investigation.

SIGNATURE

Signature: _____ Date: _____

Printed Full Name: _____

Printed Title: _____